FORM OP - D02	PROPOSED PLANT-WIDE PE	Section [
Facility Name		County No.	Plant No.	Year Submitted
Please list in the space permit:(i.e. Production i operation)	provided below any proposed permit is limited to 10,000 units per 12 month	conditions which rolling average,	you wish to esta or a limit on the f	blish in this operating acility's hours of
Proposed Condition				
				_
_				
Please describe what m	nethodologies you intend to use to de ire being established above: (i.e. testi	monstrate compl	iance with each o	f the proposed plant-
Proposed Condition	ne being catabilation above, (no. too.	119, 11101111011119, 1.	scoranceping, c.c	·)
Number	Compliance Demonstration Metho	d Des	cribe Method and	Give Reference
		<u> </u>		
		_		
_		_		_
-				